Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT

for the

MIDDLE District of PENNSYLVANIA

SCRATTOD Division

James Dinkins

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

J. Potopa Et. AL

Defendant S (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.) Case No.

(to be filled in by the Clerk's Office)

FILED SCRANTON

AUG 2 0 2019

Per______DEPUTY CLERK

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

The	The Parties to This Complaint		
A.	The Plaintiff(s)		
	Provide the information below ineeded. Name All other names by which you have been known: ID Number Current Institution Address	Tames Dinkins Medical Center Federal Prisoners P.O. Box 4000. Springfield, MU 1658 Dedical Center Federal Prisoners P.O. Box 4000. Springfield, MU 1658 Medical Center Federal Prisoner P.O. Box 4000 Springfield MD 165801 City State Zip Code	
. в.	The Defendant(s)	City Bute Dip Code	
,	individual, a government agency	or each defendant named in the complaint, whether the defendant is an , an organization, or a corporation. Make sure that the defendant(s)	
	the person's job or title (if known)	T. Potope Health Service Administrator USP Allen Wood P.O. Box 3000	
	the person's job or title (if known) individual capacity or official capacity or Defendant No. 1 Name Job or Title (if known) Shield Number Employer	and check whether you are bringing this complaint against them in their spacity, or both. Attach additional pages if needed. J. Potope Health Service Administrator USP Allen Wood	

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		Defendant No. 3 Name Job or Title (If known) Shield Number Employer Address	M. MAY GAR A. H. S. A. USP Allen Wood P.O. BOX 3000 White Deer PA 17887-3000 City State Zip Code Individual capacity Official capacity	
		Defendant No. 4 Name Job or Title (if known) Shield Number Employer Address	Captain Hall Captain Usp Allenwood P.O. Box 3000 White Deer PA 17887-3000 City State Zip Code Undividual capacity Official capacity	
II.	Under immu Feder	nities secured by the Constitution and [or local officials for the "deprivation of any rights, privileges, or federal laws]." Under Bivens v. Six Unknown Named Agents of 1971), you may sue federal officials for the violation of certain	
1	A.	Are you bringing suit against (check a Federal officials (a Bivens claim State or local officials (a § 1983)		-
	В.	the Constitution and [federal laws]."	the "deprivation of any rights, privileges, or immunities secured by 42 U.S.C. § 1983. If you are suing under section 1983, what ht(s) do you claim is/are being violated by state or local officials?	
		Racial descrimina	tion .	
	C.	Plaintiffs suing under <i>Bivens</i> may on are suing under <i>Bivens</i> , what constitu	A Clean and Safe environment deligional remarks and unsual punishment, psychological an Emutional recover for the violation of certain constitutional rights. If you utional right(s) do you claim is/are being violated by federal ment, pain and Suffering	bergle olifia. Il Abuse

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	D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.
III <u>.</u>	Priso	All Defendants implemented wheckless disregard for Medical provisions, while displaying Racial discrimination ner Status
	Indica	ate whether you are a prisoner or other confined person as follows (check all that apply):
		Pretrial detainee
		Civilly committed detainee
		Immigration detainee
		Convicted and sentenced state prisoner
		Convicted and sentenced federal prisoner
		Other (explain)
IV.	Staten	nent of Claim
	alleged further any ca	s briefly as possible the facts of your case. Describe how each defendant was personally involved in the discount wrongful action, along with the dates and locations of all relevant events. You may wish to include details such as the names of other persons involved in the events giving rise to your claims. Do not cite ses or statutes. If more than one claim is asserted, number each claim and write a short and plain ent of each claim in a separate paragraph. Attach additional pages if needed.
	A.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.
	В.	If the events giving rise to your claim arose in an institution, describe where and when they arose.
		USP, Allenwood, Problems Arose when I ARRIVED At USP, Allenwood on April 3, 2018

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C. What date and approximate time did the events giving rise to your claim(s) occur?

April 3, Until August 25 2018

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

DR. Buschman Gave me shoes that was The wrong size, which damaged my feet. My Toe had to be Amputated.

See ATTAchments

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I was refused a Pain Medicine, or Antibiotic I was not recieving wound care and when I ask for Proper and Edeguate Medical care I was refused. Because of Delayed Treatment my Toe had To be Amputated I suffered sleep deprivation, psychological and Emotional Abuse, civel and unusqui Punishment

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

See ATTAchments

A.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

	□ No
	If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
	USP Allenwood
В.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
	Yes
	□ No
	Do not know
C.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
	Yes
	□ No
	Do not know
	If yes, which claim(s)?
	Hate CRIME, Cruel an unusque Dunishment, Medical deprivat
	HATE CRIME, Cruel an unusque punishment, Medical deprivat deliberate indifférence, psychological and emotional Ab an Torture.
	an Torture.

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D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?
	Yes
	□ No
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	Yes
	□ No
E.	If you did file a grievance:
	1. Where did you file the grievance?
	USP AlleNWood
	2. What did you claim in your grievance?
	Racial discrimination psychological and eviole
	2. What did you claim in your grievance? Racial discrimination, Psychological and Emotion Abuse, Pain an suffering, Torture, deliberate indefference, sleep deprivation, Medical Neglect
	3. What was the result, if any?
	No Results

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I appealed each level. I've not recieved a Answer to the last stage from the Bp II It's been over 70 days thus leaving me to accept that all grievance procedures are Exhausted and my last phase is rejected since their 30 day limit to respond has long expired.

F.	If you did not file a grievance:
	1. If there are any reasons why you did not file a grievance, state them here:
	 If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:
G.	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. I Exhausted All Augilable Administrative Process. I have not recleved no response to the last stage of the Process From The Office Was Mote: You may attach as exhibits to this complaint any documents related to the exhaustion of your To
Previou	(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your DC. administrative remedies.) Thus It's been over 70 days now. 30 days has expired, for Responce, I now seek Judicial is Lawsuits inTevention.
The "thr the filing brought maliciou	ree strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying g fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, us, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent of serious physical injury." 28 U.S.C. § 1915(g).
To the b	est of your knowledge, have you had a case dismissed based on this "three strikes rule"?
Yes	
Ľ No	

A.		ve you filed other lawsuits in state or federal court dealing with the same facts involved in this ion?
	T	Yes
		No
3,		your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is re than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1.	Parties to the previous lawsuit Plaintiff(s) John Pyles Et, AL Defendant(s) John Pyles Et, AL
	2.	Court (if federal court, name the district; if state court, name the county and State) DISTRICT OF VIRSUITA (EIKUS)
	3.	Docket or index number 2:18 - CU- 3
	4.	Name of Judge assigned to your case
	5.	Approximate date of filing lawsuit 2018 of Febugry
	6.	Is the case still pending? Yes No If no, give the approximate date of disposition.
	7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
		dismissed, But is now in Appeals c
		ve you filed other lawsuits in state or federal court otherwise relating to the conditions of your prisonment?
		425

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	Yes
	No ·
	If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1. Parties to the previous lawsuit Plaintiff(s) Parties to the previous lawsuit Plaintiff(s) Parties to the previous lawsuit Plaintiff(s) Frank Lara ET, AL Defendant(s)
;	2. Court (if federal court, name the district; if state court, name the county and State)
	Beaumont TEYas
:	3. Docket or index number 2:16 - CV- 50 4
	4. Name of Judge assigned to your case
:	5. Approximate date of filing lawsuit June 2016
. (5. Is the case still pending?
	□ No
	If no, give the approximate date of disposition
•	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing: $S - l^{-1}$	4-19		
	Signature of Plaintiff	lak		
	Printed Name of Plaintiff	James ?	Dinkins	
	Prison Identification #	05235-746		
	Prison Address	MCFP SPRINGT		x 4000
		Springfield		5801
		City	State	Zip Code
В.	For Attorneys			
	Date of signing:	·		
	Signature of Attorney			,
	Printed Name of Attorney			
	Bar Number			
	Name of Law Firm			
	Address			
		City	State	Zip Code
	Telephone Number			
	E-mail Address			